

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SS | JCR | 03-12-01 |
| RESPONSE FORMALITY REVIEW | MP | 825 | 6/3/01 |

09/774526

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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